

NOV 05 '93 11:22AM

FEDERAL ELECTION COMMISSION
U.S. GOVERNMENT
1992 EDITION**STATEMENT OF ORGANIZATION**

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL Blue Cross and Blue Shield of Maryland Employees' PAC		(Check if name is changed)	2. DATE Jan 5 1994
(b) Number and Street Address 10455 Mill Run Circle		<input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code Owings Mills MD 21117		4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
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- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(Name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
See attached.	10455 Mill Run Circle Owings Mills, MD 21117	

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identity by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

Linda Pierce

10455 Mill Run Circle, Owings Mills MD 21117 Bookkeeper

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

Mailing Address

Title or Position

John A. Sweeney

10455 Mill Run Circle, Owings Mills MD 21117 Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, keeps safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address and ZIP Code

BUCS Credit Union

P O Box 20359

Eudowood, MD 21284-0359

I certify that I have submitted this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

SIGNATURE OF TREASURER

John A. Sweeney

DATE
11/1/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED <i>12-30-93</i>
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED
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<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/>	Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/>	Other (Specify): <i>SAC</i>	POSTMARKED and/or DATE OF RECEIPT
PREPARED		DATE PREPARED <i>1-5-94</i>